DOCUMENT RESUME

ED 054 564 EC 033 197

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TITLE An Application of Child Analysis: The Cornerstone Project.

INSTITUTION Center for Preventive Psychiatry, White Plains, N.Y.

PUB DATE [71]

NOTE 25p.

EDRS PRICE MF-$0.65 HC-$3.29

DESCRIPTORS Classroom Environment; *Emotionally Disturbed; *Exceptional Child Services; *Preschool Children; Program Descriptions; Psychiatric Services; Psychiatry; *Psychotherapy

ABSTRACT

The paper deals with the Cornerstone Project, in which a child analyst works with psychiatrically ill preschool children within a nursery classroom group setting. An analytically trained psychotherapist works 1 1/2 hours per day with up to seven children in the classroom, with the help of nursery school teachers. There is regular contact with parents. How the Project's application of psychoanalytic techniques in an educational setting with each child resembles and differs from regular child analysis and psychotherapy is considered. The established value of nursery classrooms as a natural setting for clinical observation and diagnostic evaluation and the psychoanalytic model (features of the practice of child analysis) are reviewed. The Cornerstone model is discussed and some illustrative moments from the classroom showing the therapist at work are presented. An extensive case study is then used to show details of a treatment and to illustrate specially developed criteria for the psychoanalytic process. Cited are useful intense transference reactions and social, intellectual and educational gains as well as symptomatic improvement occurring in the Project, and the clinical efficacy of the method. (KW)

An Application of Child Analysis: The Cornerstone Project*

I. A Schematic Description

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There is an enormous gap between the need of one million preschoolers for psychiatric treatment and the availability of psychotherapists for children. Child analysts are even more scarce. There are perhaps a few hundred qualified child analysts in the entire nation. The Cornerstone Project is an attempt to multiply the efficiency with which a child analyst works with preschool patients. It is an application of analytic techniques in an unusual setting, as a step toward practical early life treatment and prevention. We are beginning to suspect that in some ways it also accomplishes a surprising deepening of treatment. What follows is an introduction to a more detailed description of the method at work.

The Project:

The Cornerstone Project provides treatment for preschool children within a nursery classroom group setting. A psychotherapist who has been analytically trained works six hours or more per week in the classroom, one and a half hours a day, four to five days per week, with the help of nursery school teachers. The teachers' functions will be defined subsequently in this article. Up to seven child patients comprise the classroom group. There is contact with parents on a regular basis. The head teacher meets with each family weekly, and the therapist meets with each family monthly.

A majority of children taken into the Project are psychiatrically ill, although we are particularly interested in situational crisis patients who have priority.

The Project is an attempt to apply psychoanalytic techniques within the classroom setting with each child. This is neither

* Support from the following granting organizations is gratefully acknowledged: The Foundation for Research in Psychoanalysis, The W. T. Grant Foundation, The Esther and Joseph Klingenstein Fund, The Cleveland Foundation, The Aaron E. Norman Fund, The Yaseen Foundation, The Kosh Foundation, The Harrison Foundation, and The Scheuer Foundation.

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group therapy for children, nor action therapy (as per Slavson). It is an effort to explore the effects of analytic techniques with each child within the classroom taking advantage of some special additional features of nursery classroom life. Some consideration as to how it resembles and differs from regular child analysis and psychotherapy will be discussed at several points here and in later articles.

BACKGROUND FOR THE PROJECT

The concept of the Cornerstone Project was originated at The Center for Preventive Psychiatry in 1965. As far as we know there had been no previous attempt to apply intensive psychoanalytic techniques with preschool children solely in an educational setting, without contacts with the children on a one-to-one basis in private individual sessions. There have been previous efforts at "group therapy" of preschoolers including a project in Canada in which an analyst worked with a much less frequently meeting preschool group, without toys, and without an attempt to work individually with the children in the classroom setting. (1) Psychotic preschoolers also have been treated in a group by Speers, but without the analytic goals, high frequency of sessions, or educational collaboration which are at the heart of the current project. (2)

THE ESTABLISHED VALUE OF NURSERY CLASSROOMS AS A NATURAL SETTING FOR CLINICAL OBSERVATION AND DIAGNOSTIC EVALUATION

An immense amount of clinical data is reliably observed in any early childhood classroom. One can readily discern large amounts of fantasy expression and gain much data about operation of defenses, by observing young children at play with their peers, interacting with teachers, and using educational materials and creative media. Such observations have often been used by others to help in evaluations regarding clinical diagnoses and developmental status. They have been highly important in several research projects such as that under the direction of Peter Neubauer, M.D., at the Child Development Center in New York City, for the assessment of the criteria used in diagnosing health and illness.

There is seldom any systematic attempt to regularly use or even have immediately available the daily nursery observation material in each session of an ongoing analysis. Sometimes exceptions to this elective non-use (or avoidance) of the available data occur in special settings when analysts work adjacent to a nursery each day. Then some systematic observations made by specially trained nursery school teachers are made available to analysts who do individual analysis with the same children outside the classroom setting (The Child Development Center, New York City, and elsewhere).

Compared to the rich access to observations in spontaneous classroom settings in nursery schools, we have often been struck by the frequent paucity of material available in one-to-one diagnostic sessions between psychiatrist and many children, even for long periods of time in analytic treatment of young children. Dr. Grace Abbate has described analysis of preschoolers as necessarily including a great deal of constricted repetitious play while helping the child to work through resistances.*

The child analyst or psychiatrist may try to fill in major gaps in his knowledge about a child by maintaining very close contact with parents, teachers and others. Still it is often very hard to maintain continuously adequate contact and the reporting is often skewed away from what could be technically useful in treatment.

We have also come to think of direct observation of a child's behavior in a group as a major part of the evaluation process of preschool children. Without it, large and often insurmountable gaps in understanding of the child will occur. For example, one child observed at a regular nursery school was seen to have various problems among which were his habit of touching the bodies of female teachers and especially visitors. This sweet, short, cherubic looking little boy would walk up to any female around and quickly caress her bosom and abdomen. Then when the visitor could manage to focus upon him and realize what he was doing, it was such a ludicrous, unbelievable event, that often women would deny belief of what was going on. The overly excited child was having difficulty relating to peers and in dragging his attentions away from his highly erotic pastime.

The boy was sent to an excellent child analyst for psychiatric evaluation. The analyst interviewed the child and the parents. But in the office they did not convey the problem to him. It was only after nursery school observations were shared in detail with the analyst that he was able to ferret out more of the nature of the difficulty from the parents. They otherwise used the same kind of denial and avoidance used by the visitors to the nursery school, along with their special participatory need for the child's behavior.

Perhaps more with young children than with adults, we find major initial gaps in the evaluation of a patient's strengths and weaknesses. The adult comes with enough anxiety and suffering to help lead into an understanding of his diagnostic picture.

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*Personal communication.

The child will often come without much acute anxiety and suffering. Many developmental and behavioral vagaries mask the pathologic processes, and make it hard to evaluate a child in short periods of time. The nursery setting is of recognized value in enhancing the diagnostician's insight.

THE TREATMENT PROCESS

It was the idea of the Cornerstone Project to move the treatment into the classroom where a large amount of observational material would be immediately at the finger tips of the therapist. We will discuss subsequently some of the possible theoretically negative features of this arrangement and how it actually worked.

When we were beginning this work, we felt that we wanted to avoid a "group therapy" process. It was our hope that observations on the relationship of the child to the group, to the peers, the teachers, the parents, and the therapist would all flow into the individual child's treatment. It was our expectation that the treatment situation would become more rather than less intense than in an ordinary individual analytic or psychotherapeutic situation. It was our purpose to see the treatment material enriched or evoked rather than diluted or vitiated by the presence of other children.

We decided, therefore, not to be primarily concerned with the functioning of the children as a group, but with the mental life of each individual patient.

THE PSYCHOANALYTIC MODEL

It may be useful at this point to review some features of the practice of child analysis before the unfamiliar experiment is described in more detail. The realities of child analysis include disappointing facts. Preschool children especially do not readily speak at length to their analysts. They are usually even less motivated than adult patients to describe their problems. Their useful spans of attention and discussion are generally much shorter than a fifty minute session. Their collaborative tolerance is limited particularly regarding confrontations from within or without of any painful affect. Their resistances often take the form of disruption-inducing actions in treatment sessions. Quite commonly preschoolers engage in destructive behavior directed against the analyst or his belongings, or overtly refuse to speak, as well as manifesting forms of resistance more common in adult work. Furthermore, the pre-

school child's ability to observe and meditate on his own thoughts, feelings and behavior is naturally quite undeveloped and transitory.

Yet there are compensatory "encouraging facts" about children of preschool age in analysis. Their patterns of pathological defense are often not yet set in psychological cement. Their families are often accessible for guidance. Their expressive ability is therapeutically available, and often highly spontaneous and uninhibited by adult standards. Their symbolic and affective communications, although not necessarily verbal, do emerge reliably with vigor in play, painting, story-telling, spontaneous dramatic activities, and social interactions.

The psychoanalytic model for treatment of a young child requires the work of child and analyst together several times a week. The treatment is usually done in a room with suitable materials for the expression of a child's fantasies in his play. The child is encouraged to play associatively. The analyst participates partially as an observer, questioner, clarifier and interpreter. The analytic process often involves verbal confrontation with and interpretation of play activities, including resistance and transference phenomena. A great deal of additional material often comes into the analytic process other than by way of the child's play and speech. It usually comes through contact with mother, father, teachers and others. The play and verbal associations of the child in treatment are often related by the analyst to the material coming from outside the session.

Unfortunately, in the analytic situation, it is sometimes necessary for the analyst to play the role of a limiting person when the child goes too far, and when interpretation does not limit destructive or self-destructive behavior in the playroom. The analyst tries not to be limiting, parental, or punitive, but instead to be sympathetic, empathic, observing and interpreting. He attempts to facilitate the child-analyst personal liaison in the service of understanding the child's behavior and fantasy. Transference is cultivated and interpreted, and transference neurosis phenomena are prized as material for analysis. Further, all the repertoire of adult analytic technique may be brought to bear with the preschooler. Dynamic, genetic, topographic, economic and structural points of view emerge in the work. Behavior and character change as well as symptom eradication and insight are expectable consequences of the work.

The privacy of interpretation and of the analytic situation is important for children, or so we have thought in the past. Analysts tend to preserve privacy carefully, not bring-

ing to the parents' attention specific material (although general material related to parent-child interaction can be discussed with the parents). The decision of where one draws the line of confidentiality in treating children can become complicated, particularly with very young children. In a pure situation, parents are seen primarily as sources of information, although analysts do give guidance and usually intervene especially to prevent new pathogenic parent-child interaction. Often the parents are referred for their own treatment to other therapists.

Considering the above as a sketch of our general model of the basic and pure child analytic situation, let us look at the situation of applied psychoanalysis in the Cornerstone Project and compare it to this model.

THE CORNERSTONE MODEL

The experiment described here is an application of child analysis to produce a new treatment method, the utilization of a congenial and natural situation as a vehicle for treatment.

Each of the "encouraging facts" about children of preschool age can be observed in regular nursery and kindergarten classes. In those classes one will find untreated as well as treated children demonstrating rapid emotional growth, emerging from infantile and pathological patterns of psychological function. Spontaneous expressiveness is commonplace. Symbolic communication and associated affect regularly and vigorously emerge in classroom dramatic play, childish art, story-telling, original games and social interactions with the teachers and other children in the class.

The Cornerstone Method utilizes and promotes a dichotomy between the interpretive role of the therapist and the role of an educational, impulse channeling and disciplining person. This is more possible in the Cornerstone Method than in the individual office because there are teachers available on the spot to play the role of educators and restrictors. These functions are taken over by teachers (with occasional "emergency" exceptions).

There is a great deal of knowledge concerning the child's extra-therapeutic life situation in the Cornerstone Method. All of that material is funneled to the therapist. The function of the teachers is primarily that of receptive persons bringing the received material to the therapist's attention. The teacher plays this receptive role with the parents as well

as with the children. The teacher meets weekly with each family to learn about family current events, and she funnels this information to the therapist.

The treatment sessions are at least as frequent as in individual analytic treatment. But the therapist is available for a longer period of time. The Cornerstone therapist has up to five sessions a week in the classroom. In an average week he spends six hours in the classroom. If one divides these six hours by the number of children in the group--usually five to seven--one will find that the Cornerstone therapist spends far less time directly with each child than in regular analysis. He averages an hour with each child a week. However, the Cornerstone therapist may have brought to his attention an amount of communicative play and fantasy material equivalent to or greater than in regular treatment. This material is funneled to the therapist on the spot by the classroom teachers. By being in the classroom with all patients for six hours a week and knowing much about what happens in the hours he is not present in the classroom, the Cornerstone therapist is able to follow unconscious trends for greater than usual periods of time.

It may be that in one Cornerstone day a great amount of time will be spent with one child, and a relatively small amount with another child. This will reverse itself. There may be brief contacts for periods of time, and than a moving away to another child, and then coming back again repeatedly during the usual 90 minute participation by the therapist. We will later discuss countertransference, including counter-resistance, and what dictates the therapist's moving towards a child and moving away from him and towards another child. Dealing therapeutically with resistance and counter-resistance in the presence of multiple action, play and the educational process might seem at first to be an unlikely task.

Some things will be missed in the classroom. A child may express an important bit of play, with an important evolution of a fantasy behind the therapist's back. There is, however, a good chance this communication will be picked up by one of the two teachers, as they are very often involved in such evolutions. We are pleased and surprised by the continuity of fantasy material which is brought to the therapist's attention by teachers regarding these "indirect" and "out of the therapist's hearing" sequences.

What of a child's need for privacy? We have found a child rarely requires privacy with the therapist in discussing a bit of fantasy behavior or concern. It is understood that everyone is in treatment and also that the material brought to the atten-

tion of the teachers will be then brought to the attention of the therapist. Occasionally, as with one child who was soiling, and with another child who needed to have an exclusivity of contact because of the nature of his relationship with his younger brother, a child will ask to speak to the therapist privately. This can be done in a corner of the room. Once the child has seen that privacy can be obtained, it is interesting how rarely he utilizes the opportunity.

The fact that all children are in treatment for some problems tends to facilitate acceptance of treatment. Children talk with other children about treatment work just as they otherwise speak intimately and play intimately with other children. It may be that they hide this material from parentally inquisitive adults, but it is our experience that they do not hide it from the nursery school teacher (particularly non-critical, non-intrusive, receptive ones).

The Cornerstone nursery classroom is set up in a standard form, and regular nursery classroom activities are constantly going on. As in a regular nursery, activities are often structured by invitation of the child's interest, rather than by imposition. Play dough is generally available, as are other creative materials. A phonograph record may be on at one point. Cookies and juice are available when the children want them, but we tend to have a regular cookie and juice time. Yet surprisingly, resistance is apparently not much increased by the availability of regular educational activities. Children in need of retreating, withdrawing or avoiding treatment material do so by turning themselves to educational and social activities. Yet, these activities in turn, have a communicative and expressive function which increases the therapist's understanding of each child. With older children emerging into latency, the use of educational and social retreats from the therapist is seen more. This process is equally the case in regular individual treatment as children reach latency age, particularly when they are sufficiently intact to function at that level.

Sometimes other children will be "used" to avoid or resist treatment work. This seems equivalent to resistances regularly seen in the form of acting out in and outside the regular child analysis situation. On occasion there will be a synchronized similarity of these resistances or defenses on the part of several children, especially when there is much separation anxiety, or in response to shared external factors such as the sickness of a teacher or classmate or a vacation. At these times we can interpret to several children almost simultaneously but still individualize the remarks so as to keep clear to each child the individual nature of the work he is doing with the analyst.

It will be apparent from the above account that the preschooler's frequent refractoriness, short attention spans and short spans of tolerance for distressing emotions are not likely to "waste" the time of the Cornerstone therapist. He can move to another child and return to the first child later in the same session when the child has recovered the capacity to more fully participate in the treatment work. We have reason to suspect that the Cornerstone child who seems resistant to full continuous participation with the therapist can continue the treatment work internally, or in social play, or with a receptive and non-interpreting educator. Then the child can return for still deeper work, either moments or an hour later in the same session. Resistance is interpreted whenever possible -- and therefore frequently. But the ready availability of alternate channels of communication (social action and conversation with teachers and peers) is highly syntonic with the developmental status of preschoolers. It may--like the easy atmosphere of a good nursery--be more congenial to the long term collaboration of a very young child than the usual analytic situation. By its congeniality and ego syntonicity, it may evoke somewhat less than usual resistance--particularly during early stages of work.

II. ILLUSTRATIVE MOMENTS IN THE CORNERSTONE CLASSROOM:

The following are examples from the Cornerstone classroom. We cannot at this point give the background of the many children involved, or the course of treatment, but rather will depict the functioning of the Cornerstone process at cross-sections in time.

The "morning group" children arrive at 9:00 a.m. and stay until 12:00 noon. The therapist and teachers are there to greet them. Each child is usually brought by a mother, sometimes in a small carpool. The opening moments are invaluable for noticing a child's mood in the way he leaves his mother and greets his school therapists and fellow patients. Parents are able to say a brief word to the staff about current events or facts before class work formally begins.

One day Leon was surly. His father brought him and mentioned to the analyst, while in the doorway, that Leon had wet his bed that night. The information reverberated in the analyst's mind with memories of previous episodes of Leon's bedwetting, usually connected with arguments between his strife-ridden parents. The previous day the head teacher had her weekly conference with Leon's parents, the M's, and learned of a furious quarrel to which Leon had been witness. She had already informed the therapist briefly of the events.

At first Leon refused to enter the classroom, but Mrs. G., the head teacher, coaxed him in. The therapist who was with Teddy now, was chatting with Teddy about a bird house which the child was continuing to make for the third session in a row. He remarked to Teddy concerning the care being given to making the house strong, and how David, who also had taken care to feed birds outdoors the day before, was being like a parent who takes very good care of a family of children.

Ted and the therapist discussed how much the bird-housing, feeding and caring for was related to the temporary absence of Ted's father, to Ted's previously experienced fantasies of possible abandonment, and to an episode of nightmares Ted had during another temporary paternal absence. For the next few moments Ted glued the roof quietly, not spontaneously expressing his mental contents.

The therapist utilized Ted's quiet moments to remark to Leon, without leaving Ted's side: "It's another one of those upset days, Leon, when you can hardly face being with us. . . Maybe I can help you better now because you and I know more about your troubles now." Leon interrupted here and told the therapist, "Come to the fireplace, Dr. Kliman."

Because Ted was quiet, and seemed unlikely to resume useful communication at the moment, the therapist said, "Ted, I'll be back soon and talk with you more about what's on your mind. Meanwhile, I'll be with Leon."

(In early weeks the therapist's transition from one child sometimes led to resentful feelings being vented by the child. These responses were interpreted as they arose. The patients began to appreciate the motives for transitions, which generally occurred when ability for further work with the therapist was at a low ebb. The child himself would realize he could not pursue the point further.)

Going with Leon to the fireplace, the therapist helped the child light some wooden sticks, and then listened to Leon's story of the "people" (play dough figures) he was "melting" and "killing" in the fire. Leon imagined how very hot the people must be, and the therapist commented on how horribly filled with hot feelings they must be. He made a gentle allusion after a while to how somebody might even think of cooling the hot feelings with water, like a fireman, and also alluded later to the fact that the fire might be special for a boy who--like Leon--has a Daddy who is a fireman. Leon described the people as arguing, and said he hated the people. As the people were burning, dying, being melted, the therapist mentioned the argument of the night before. Leon began saying that once his

Mommy had beat his Daddy up. Then Leon could not proceed. He grew so restless that the therapist suggested the feelings and ideas could be talked about some more in a little while or whenever Leon was ready.

While a teacher (summoned by the therapist) came with another child to help Leon with the fire, the therapist moved on. Twenty minutes later in the session Leon resumed working with the therapist, picking up the theme of the episode of parental fighting. He spontaneously added that the fight he remembered (when Mommy beat Daddy up) was when the family moved. (The therapist already knew that was over a year ago.) He then gave an association related to the morning of the day of the session. He had "scared sister Natalie (his baby sister, age eighteen months) this morning--put a blanket over her head when she was in the crib. . . That made her feel lost. She didn't know where she was." The therapist interpreted that on the day his parents were fighting a year ago, Leon had felt lost because the family was moving to a strange place. He must have felt like he didn't know where he was, and even whether his angry parents would take care of him. When his parents screamed at each other last night, that must have made him feel lost again, last night. He wanted to feel like the boss of that lost feeling, so he made Natalie feel lost. Then Natalie didn't know where she was, and she was scared, but Leon didn't feel scared. He felt like a boss. Leon responded with rapt attention, and played at covering a girl doll with a blanket, not verbalizing further. In the next few days he made further intellectual progress, important for this child whose presenting problems were largely those of intellectual inhibitions. He questioned his parents probingly about the death of his grandmother.

Many transitions to and from working with the therapist are actively induced by children themselves rather than elected by the Cornerstone therapist:

Jay announced that he saw a lobster on a recent vacation, and the lobster tried to pinch a child's behind. The therapist said, "A child could have many thoughts about what happens if a lobster pinches his behind." Jay responded that he would think the lobster would "pinch off his peenie and then he would have to make a wee-wee from his poo-poo." The therapist reminded Jay that his ideas about a boy losing his penis have been ideas about "pinching" in the past. Some of the games he played had been about dangerous cracks in the floor which "pinch people" and about doors which pinch people's fingers.

Then Jay literally walked away from the therapist, seeming to feel a need for distance. He did not abandon the theme,

however. He walked to the block corner and began to construct a "lobster" out of blocks, about seven feet away from the analyst.

The therapist took Jay's walking away and his cessation of verbal communication as a signal for momentarily easing his direct activity with the patient. So he said to Jay, "It must be hard to continue now because the pinching lobster thoughts are upsetting."

The lobster construction kept on. The therapist meanwhile worked more with Ted, but could still see Jay, and returned later to hear what the fantasy now concerned. The child's defenses had been respected, their existence noted to and for the child, and the therapist had fully and efficiently utilized his time in the interim.

IV. DETAILS OF A TREATMENT

Having sketched some of the ebb and flow of treatment in the group, we can now focus on one patient. It would be most instructive to deal with a well-established treatment. For that purpose, the case of Jay was chosen.

The first five days of his second Cornerstone year (1966-7) are reviewed as a sample of treatment work with Jay, a formerly aggressive and transvestist boy, now five years of age. Jay was then entering the Cornerstone morning treatment program for the tenth month. He was also attending kindergarten in a public school, in the afternoons. At that point, three other children were entering the Cornerstone treatment program in his group--all for the first time. The following material, from Jay's work in the classroom on those first five days, is illustrative of treatment continuity. The material reveals the strong thrust of unconscious trends and themes, the accessibility of those unconscious trends and themes in the classroom setting; and the easy way in which a child's classroom activities become interpretable, thematically continuous and elaborative.

Year 2, Day 1: Jay expressed a fantasy that he had seen a certain Cornerstone child, no longer in the group, and that the former classmate was in disguise. The disguised child, he thought, was attending the local public school, which Jay now also attended in the hours he was not at the Cornerstone School.

The therapist responded to two elements in the fantasy. First he dealt with the theme of disguise, reminding Jay that being in disguise, like a boy disguising himself as a woman, was a familiar idea in Jay's mind. Then he dealt with the idea of an old friend being in Jay's public school class, and how the idea of his old Cornerstone friend coming to public school with

Jay was an idea which was not real but was needed to make Jay feel happier and less lonely in public school.

Year 2, Day 2: Jay entered a fierce verbal competition with C., claiming, "I'm very smart," and trying to overwhelm C. with an explanation of what happens "when two chemicals get together."

The therapist made a pre-interpretive remark, emphasizing to Jay that Jay had a lot of feelings about the idea of being smarter, and knowing things about the chemicals getting together, and that Jay felt this was important.

Jay responded with telling C. and the therapist that he had a collection of his (deceased) father's valuables, and in a few minutes he added that he wished he could "be" a certain uncle.

This was Jay's first expression of a desire to identify with a grown man, and represented an important progress.

After the therapist left the classroom, the teachers (as usual) continued working with the children for an additional hour. During that time they served as recipients or observers of a fantasy which was apparently a continuation and deepening of the masculine identification theme earlier expressed:

Jay lay down on the floor saying, "I am dead." Although somewhat aware of the connection of this play to the earlier talk Jay had with the therapist about his father, the teachers made no interpretation. Their role was to encourage the expression, and to report it to the analyst before the next session. They also took note of the fact that Jay claimed to be "dead" when his mother arrived to pick him up and go home.

Year 2, Day 3: Early in the session Jay told the therapist he was not feeling well, had a stomachache and had gotten it when coming to school. Asked if he thought it might be because there was something on his mind which came up when he "thought about school and the things we work on together here," Jay said, "That's right, there are a lot of things on my mind all night and I don't want to talk about them but they bother me." Jay soon revealed he heard a loud noise last night when he was falling asleep. He thought it might have been "an unidentified flying object," and gradually unfolded the fantasy that creatures from outer space had come into his backyard. Perhaps they had come from Venus. If he could have gone out to see, maybe he would have found them, and they would have "antennae on their heads and be mean."

The therapist commented that, "although they were scary creatures and your idea was they were mean, too, a boy who is lonely at night and even lonely in public school in the day, and a boy who thinks his father is in outer space (confirmed by Jay at this point--"like in heaven"). . . . a boy like that might sort of hope and sort of fear that an outer space man would visit his backyard."

This communication, which contained in it an interpretation of the child's loneliness for his father and a symbolic communication about the "backyard" specificity, was followed by play which the child directed to the "backs" of two other people in the class.

Jay expressed considerable interest in a male classmate's behind, which he tried to smear with play dough, and kicked a lady teacher in the behind (rather tentatively). He wondered whether a certain toy rhinocerous would break easily.

The therapist spoke to Jay about the rhinocerous thoughts and the thoughts about the boy's behind, saying that Jay was worried about the boy getting hurt in his behind and the rhinocerous getting hurt in the front, and that perhaps Jay was worried about a boy who wanted to stop being lonely and wanted to do things closer to other people by putting fronts and behinds together, and who worried about what would happen then, and whether fronts and behinds could get hurt that way. (This work was made easier by a basis in the treatment six months prior, when Jay's poking of other children in the anal regions had been worked on partially from the point of view of penile penetration of the buttocks as the content of the poking with a stick.)

As an apparent response to this interpretive work concerning the rhinocerous front and the boy's behind and front, Jay made an entirely different kind of block construction than he had ever made in the many hours of block play noted during the previous year of Cornerstone work. He made a building which was sturdy, instead of shaky, solid instead of slender and topply. He insisted it must be "very strong and very tall" and wanted help whenever he was uncertain as to his own ability to accomplish these goals. Giving Jay a minimal amount of help, and keeping up a "patter" of discourse with him, the therapist commented on how opposite this building is from a rhinocerous which can break easily. The building then became a kind of garage in which a truck came and brought cement. The matter of the right size opening for the truck absorbed Jay for several reflective minutes. He called a teacher to admire the building, "See how big it is. It's taller than the chair."

Year 2, Day 4: Jay drew what looked like the outline of a man with a large penis. But he could not talk about the drawing, or acknowledge even the fact that it was a drawing that looked like a person. He soon became involved in breaking a special kind of felt tipped marking pen, and had to be restrained by one teacher from a rather vigorous attempt to smash the instrument. (The therapist observed but did not physically intervene in this action, having the advantage of the teacher's availability thus being able to preserve a purely interpretive function without disciplinary role.) The therapist commented on Jay's trying to tell us something about his troubles, connected with the troubles he told us yesterday, about things which break. He made a sympathetic remark to Jay about a walkie-talkie antennae which Jay had--upon entering the classroom--told the teacher his younger brother had broken. He hoped Jay could talk more about the problems that were really very hard to talk about.

Jay used a crocheting needle which was available as part of classroom equipment, and demonstrated some crocheting tricks to other children--who were duly impressed. He complained that his mother did not permit him to crochet because she said only girls should do it. Jay's competitiveness with C. was less evident than it had been for a few days, and he confined himself to disputing one of C's remarks. It was a remark of considerable significance to Jay, for C. had said, "People don't go away forever." Jay said, "People can go away forever." He was not only insistent that C. admit the error, but also was upset to the point that he became unable to tolerate his own failure in gluing together a three-sided wooden structure whose purpose and nature he had not yet verbalized. (He returned to completing the structure only after the therapist left.)

The therapist engaged Jay in a discussion of how nice it would be if people did not go away forever, acknowledging that Jay knew sometimes people did not come back. The therapist mentioned a maid, one of a string of "missing maids," the one who had most recently departed the home; and Jay expressed his belief that this particular maid would come back taking the same view about another maid who had been gone even longer. The therapist added that he "wondered if sometimes a child whose father had died might hope that the father would come back somehow." Jay replied seriously, "No, that can't happen. . . . once he's dead." He seemed relaxed at this point, although an agitated state had preceded these remarks. The agitation was absent the remainder of the hour and a half the therapist was there.

Year 2, Day 5: Jay played a game of "killing" his closest companion in the class, C. Then he made up a story that C.'s ghost and Jay's own ghost were playing together. His own ghost was "a very angry and scary ghost."

The therapist left the classroom, his ninety minutes of work being over. But the teacher was able to continue eliciting from Jay this expressive fantasy, functioning in the receptive role the therapist himself might have performed with the child.

Jay went outside to join a teacher and Mary, who were playing in the yard while other children were having juice indoors. Jay played in a deep hole for about ten minutes by himself when he called to the teacher, "Please stay here." She sat a short distance from him, while he lined up some flexible dolls which he draped with colored straws.

Having established the identities of the dolls as members of a family, Jay described the father as a very kindly man. The boy child would say to him, "May I go horseback riding, Daddy?" "Certainly," was the reply. "Oh, thank you, Daddy." "May I go swimming?" "Yes, certainly." "Oh, thank you." "May I fly a plane?" "Yes, certainly." "Oh, thank you." "May I drive an automobile?" "Yes, certainly." "Oh, thank you."

The straws became atomic rays the dolls were shooting. The father doll came forth to save other dolls, who were being "attached by atomic monsters." Jay then found a worm, which seemed to be dead. He let out a shriek, and said, "It's a cobra! Mommy, look, it's a cobra."

The two figures next to the mother doll were now designated as "a nurse" and "a magical sister." The nurse was said to also have a "little girl."

Jay exhorted the father doll, "Daddy, Daddy, it's a cobra. Save us!" Daddy was able to kill the cobra, even though it bit him. A number of dolls were bitten by the cobra, and buried one by one--all except the father.

The father then had sticks attached to each leg and became an airplane which flew around trying to slay atomic monsters. The atomic monsters were dropping dust on the figures below, and also attacked the father. He became wounded, fell to the ground, but was all right and got up. He flew around attacking atomic monsters and managed to kill them all, although he was struck and fell crashing to the ground several times. Finally, the father went over and unburied every one of the dolls. As he unburied the last one, he pulled the dirt off it with an announcement: "EVEN YOU (are saved), YOU WITCH MOTHER!"

Discussion: Certain of the above material might not have been so readily available in analysis conducted in a traditional playroom setting. (The poking and smearing of other persons' anal regions; the discussion with C. of people who don't come back; the visible display of competitiveness with a peer.) The frequency with which interpretations could usefully be made on five consecutive days compare favorably with child analysis. The patient discussed fantasy (a child in disguise) which led the therapist to interpret affect (loneliness). Interpretation was responded to by elaboration of the theme (in terms of an UFO fantasy) and further interpretation of the associated loneliness--affect was possible with cogent reference to the child's history (death of father) and current wishful state (wish for father's return). Some connections between the child's play activities and his sexual identity concerns were clarified for him (fear of breaking the toy rhino's horn connected with fear of what happens to boys' fronts and backs), and there was an associated change in symbolic sublimative activity (building sturdier buildings).

By the end of five days it was clear--with the help of teacher observations--that Jay regarded his mother as magically responsible for the father's death. The patient seemed ready to "go deeper," and the therapist would not expect more of a child's therapeutic work in a comparable period after ten months' intensive treatment.

IV. Summary of Two Year's Cornerstone Treatment: Case of Jay

A child treated by the Cornerstone method is certainly not in a regular form of child analysis. The purpose of this section on one child's history and treatment is to consider the hypothesis that in some ways Jay's Cornerstone work had features of a child's regular psychoanalysis. Other than those features, many parameters are evident. But the varying parameters are not our focus at this point.

The hypothesis that one form of treatment has features of another is one which has seldom been asked in a systematic fashion with the idea of replication of judgment in mind. There has been no organized effort known to the author by which one analyst's judgment of the existence of features of an analysis has been systematically submitted for scrutiny by others. There are no "manuals" or published "criteria" by which an "objective judge" can be guided in deciding whether a treatment being described by a psychoanalyst is truly psychoanalysis. The problem is also more difficult to consider for children ages three to six than it is for adults or older children.

As a preliminary approach, one of the authors (G. K.) developed a set of criteria. Although a detailed discussion of those criteria is not suitable for this limited presentation, the essential features are appropriate to list.* They are based upon a definition of child analysis as being a treatment method generally like analysis of adults. If successful, the child's analysis will by this definition elicit unconscious material; produce insight into major current and past problems or symptoms; produce transference phenomena; produce transference neuroses; give the patient marked increase of choice in behavior; and produce symptomatic, behavioral and characterological improvement.

The criteria may be divided roughly into three groups, called "Criteria of Preparatory Stages"; "Criteria of Deepening Analysis"; and "Criteria of Well Established Analysis." These will be returned to after a brief presentation of Jay's case.

Jay was four years and six months old when his parents first sought analytic help for him. He entered treatment one month later. His parents had been advised by his regular nursery school to seek help because of Jay's dangerously wild assaults on other children with sticks and rocks, and because

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*The criteria are also outlined in an appendix to this article.

of his persistently feminine dressing up activities and effeminate actions in the classroom.

History revealed that Jay had been dressing up in feminine clothes since age two and a half, beginning with a persistent interest in his mother's high heeled shoes. At that time he already knew that his father became angry about his interest in wearing his mother's shoes, but that his mother would tolerate the play--which extended in her presence to an increasing array of pearl necklaces, dresses, pretend gowns, and use of eye shadow and lipstick. His body movements at home would take on a feminine quality, particularly with hip swishing as he pretended to be a queen, princess or witch while draped with towels or sheets. This girlish-womanish behavior was well established during his mother's pregnancy with Jay's younger sister, two and a half years younger than Jay. At the time of Erica's birth, Jay began to be aggressive both to other children and also to himself. Sometimes he would run outdoors only in pajamas during freezing weather. He also began having a sleep disturbance, and became cruel--hitting, poking and later throwing objects at his baby sister. He could not play with other children without poking, bullying and eventually losing their companionship.

At times during Jay's infancy his mother suffered from an urge to pinch his buttocks, and occasionally could not restrain herself from squeezing so hard that black and blue marks were left. Sometimes while this pinching occurred, she clenched her teeth so hard they chipped. She would also say "Mine" while grasping the boy's buttocks, when he became a toddler. A feature of early identification with his mother was that as a toddler Jay would run about pinching his behind, saying, "Mine!"

Jay made a marked recovery from each of his presenting problems during 18 months (240 sessions) of treatment in The Cornerstone Project. His effeminacy, transvestist tendencies, and wild aggressive behavior were relieved. He was able to play with other children, go to a regular first grade, and continue with the therapist in a regular treatment. He appeared to have begun to develop adequate masculine identity.

Now, taking up Jay's Cornerstone work in regard to the previously mentioned "Criteria": (a) In respect of "Criteria of Preparatory Stages," evidence of those criteria was found abundantly in Jay's treatment. Evidence of the patient's understanding that the therapist's work was to help him with emotional problems was noted even in the initial session, in which he dreaded that the therapist would make him talk about how he touches his penis. Later Jay advised his baby sitter that she would feel better if she "could talk about troubles to an analyst like Dr. K." and also urged other children in the school

room to tell the therapist about the trouble when Jay noticed the children were upset. "You know he can really help you. You are doing what I used to do (hitting other children), and I didn't have any friends. Now I'm starting to get friends, and he can help you with that trouble."

When the therapist observed an interpersonal action of the patient and shared the observation with him, this sometimes led to communication of relevant inner life through words or highly communicative and sublimated play. For example, when Jay came in and furiously hit and threatened to spank another child, the therapist told Jay he had noticed this activity. When several such observations had been shared, the therapist explored with Jay the possibility that there were feelings inside Jay coming out now that were part of what happened to Jay earlier that day or in the past, instead of belonging to just now. Jay then discussed how his mother was angry and had spanked him. The child then inspected with the therapist how Jay's words and the sound of his voice and his actions were like his mother's. Later such evidence of identification with his appressor-mother was part of the construction of interpretation of his transvestist behavior.

The patient brought into his treatment material concerning numerous fantasies, several dreams, and numerous historical items relevant to his anxieties, guilts and current problems.

Transference phenomena included angry reactions to the therapist's departure, and sometimes to the therapist's arrival.

He sometimes told the therapist that he loved him, and sometimes that he hated him. He tried to sit on the therapist's lap, and sometimes slipped by calling him "Daddy" and sometimes "Mommy." He was intensely curious about where the therapist slept, with whom, and how many children the therapist had. He had seen the therapist's wife and told the therapist that she was "ugly and stupid."

Jay's father died very unexpectedly, after Jay had been in treatment for six weeks. At that point, in the first post-bereavement session, Jay became furious with the therapist and threatened to kill him.

A possible transference neurosis phenomenon occurred shortly after the father's death. Jay, who had come to believe his mother was dangerous to men, and whose neurosis was partly founded upon a dread of female genitals, expressed numerous hostile fantasies toward the therapist. Among them was one which was the quality of a transference of the neurosis into the relationship to the therapist. It was that Jay threatened the therapist that a woman (Cornerstone teacher) would cut off the therapist's head with an axe.

An impressive feature of work with this child was the continuity of his communications from session to session. This was true before and after his father's death. He would sometimes work on a theme (such as pinching-castration anxiety-wanting to be a girl-wanting to terrify boys in the classroom) for weeks or months with little interruption.

(b&c) In regard to the criteria of "deepening" and "well-established" analytic work:

The remaining two groups of criteria appear substantially in evidence in Jay's Cornerstone treatment. We have not yet completed documentation of them, partly because of the mass of data from the seventeen other children. The following is considered substantial although incompletely presented evidence that features of a psychoanalysis were occurring as in a deeply and well-established, as well as successful regular child analysis.

Development of insight: Toward the end of his second year of Cornerstone work, Jay, who had suffered from considerable amount of transvestist behavior, developed a deep insight concerning one aspect of his transvestism. This was in addition to a number of small items of insight previously developed. He stated his insight to the therapist while playing a game in which he pretended to be a crab: "Dr. Kliman, the reason I pretend to be a lady is that the lady and the pinching crab are connected in my mind. If the crab pinches off the boy's penis then I want to be a lady because the crab gives the penis to the lady, and if I am the lady I would have my own penis and I don't have to go without a penis."

The presence of such a process involving thoughtfulness and insight concerning the symbolic features of his transvestist behavior would usually not occur in a six year old boy unless he were being psychoanalyzed. In this regard, the Cornerstone method appears to replicate features of an analysis.

Prior, there were several interpretations made to the child concerning feminine behavior and transvestist dressing. He had begun to understand his fear of cracks as originating from a fear of female genitals. He had become clearly conscious of his current and historical fears of his mother, including the specific fear that she would pinch off his penis. This latter had been interpreted to him as partly a product of his mother's former custom of pinching his behind black and blue.

Genetic interpretation: Jay produced historical material of important relevance to his problems. An example is found in the following episode: The therapist, observing to Jay that Jay

was demanding many supplies from the teachers and acting "hungry" to get supplies in a big hurry, added that Jay seemed "hungrier" for supplies today than usual. He also talked with Jay about Jay's having trouble when older children were getting attention from the teachers--which made Jay get even "hungrier." Jay was now five years old and had a two year old sister. The therapist interpreted to Jay that it must be hard when he has to watch Mommy being nice to Erica.

Jay became reflective, and said he could remember when Erica was born, and that Mommy was very nice to Erica. He had a far-away look in his eyes, and the therapist surmised that a process of reminiscence had been set in motion. Encouraging Jay to communicate, the therapist learned that Erica had been breastfed by the mother. Jay was now remembering watching Erica and his mother breastfeeding her. "I always wished she would let me do that. But you know what my Mommy would do if I tried? She would have killed me!"

Jay was helped to understand the naturalness of his desire to try the breast, and to moderate his dread of mother's ferocity--keeping in mind, however, that she did act fiercely at times.

There were good results, with further diminution of his aggressive destructive acts towards his younger sister, and increasing tranquility. It was an historical fact that the patient's aggressive, destructive behavior had begun with the birth of his baby sister. This became a vital part of his treatment as he became aware of one cause of his animosity--the jealousy of sharing his mother's affection and his wish to suck at her breast. Interpretation of connections to jealousy in the classroom setting was very helpful in showing Jay the continuity of his emotional life.

Interpretation of oedipal themes in the transference: Jay developed strong transference to one teacher, and at times called her "Miss" instead of "Mrs." This slip was interpreted mainly from the point of view that if the teacher were not married, then Jay could more easily think of marrying her himself. Jay then began to verbalize his fantasy that the therapist and the teacher were married.

Multi-faceted interpretations and responses: At a later point in his treatment Jay made spontaneously denying statements such as, "I would not want to marry the teacher, you know." He listened carefully to the therapist's suggestion that perhaps Jay was afraid of what being married to her would be like, after having thought it might be nice. Jay thought about this quietly, and had little to say. He was reminded by the therapist that in

the first year of treatment, Jay had the idea that his teacher might cut off the therapist's head if she were angry at the therapist. A few moments later, Jay came back to the therapist, saying, "Dr. Kliman, it's that I'm afraid she'll slip my penis off."

Jay's fantasies of women's ability to harm and remove the man's genitals were an important, complicated, and frequent theme in his treatment before the moment just reported. He had, a few months earlier, reported an idea that was playfully expressed--to the effect that in the basement storeroom of the school was a bucket in which lots of penises were kept. An exploration of the fantasy led to the detail that the teachers had acquired these penises. Furthermore, it was learned that Jay had the idea that each woman has a penis of her own which she only takes out when she urinates. Some women, he explained, could have lots of penises inside them. The therapist suggested to Jay that the ideas were connected, and that women he thought of having lots of penises were women he thought of as collecting penises from men, from whom they had taken the penises. Even the teachers, whom he liked so much, couldn't be trusted because they might take penises off men and collect them in a container in the school basement.

Changes in symptoms and character: There was marked improvement of Jay's behavioral and neurotic problems:

1) Transvestist behavior ceased after one year of treatment and has remained absent for two and one half years to date.

2) Dangerous assaults on his sister have ceased for about two years to date.

3) Social behavior in the neighborhood has ceased to be a source of neighborhood parental complaint, and ostracism by other families has passed. Friendships are developing.

4) Jay's judgment improved and impulsiveness diminished.

It is the therapist's impression that various serious neurotic problems remain, including mild phobic symptoms, and excessive magical thinking. There are some diffident, possibly inhibited attitudes toward learning experiences as Jay enters second grade in a non-therapeutic school. But overall, the results are better than the same therapist would have expected from analysis of the child by regular means over a two year period. Furthermore, these positive results are in the face of

a new, potentially pathogenic experience. The child's father was unexpectedly killed in a train crash after the treatment was underway. The vicissitudes of Jay's reactions to that loss are the subject of another report. It is of interest to note here that his transvestist behavior and fantasies of female dangerousness preceded the death of his father. Exaggerations of his fantasies of female dangerousness occurred after his father's death and were interpreted as related to his former ideas that a woman would kill a man.

Jay remains in treatment now on an infrequent and individual basis. It is hoped to learn Jay's later fantasies and responses to his two years in the Cornerstone Project.

The Cornerstone Project and its use of psychoanalytic technique has undertaken another task during the five years in which the work has been developing. That task is to consider two questions: 1) whether the results described were special for the kind of child treated and 2) whether the results were special for the particular therapist who originated the method. The answers to both questions are encouraging, and will be presented in other reports.

As part of the Cornerstone process, teachers meet with the therapist almost daily to share and dictate about observations and communications received from parents, as well as to hear the material from the treatment process which they may not have overheard in the class session. This was especially true in the first two years, and as a result we have many reasonably complete day to day protocols on many of the children in the Cornerstone Project, including interpretations made, and reactions to interpretations.

In later publications, reports on children with bereavement experiences, developmental lags, severe ego deviations, psychosis and various neurotic problems will show a spectrum of Cornerstone method applications.

Conclusions: It has been our impression that some aspects of analytic treatment have been found evident and even enhanced by this new and unorthodox method. Our preliminary impression has been corroborated to some extent by independent observers. In order to more definitively and scientifically evaluate what happens with this method, we have evolved a set of criteria for codifying aspects of the treatment process. These criteria are appended and their use will be presented in subsequent articles along with the application of these criteria to previously published regular child and adult analyses.

The question of whether any treatment contains elements of a psychoanalysis is an interesting, practical, as well as scientific one. As one consequence of asking the question, we could be led to attempt to systematically not only better define the differences among therapeutic methods but also differences in treating children of various developmental stages by a given method. The major gross practical question of clinical effectiveness of any method must also be supplemented by fine dissecting out of what factors are at work in a treatment which is effective.

Cornerstone appears to be an effective treatment. The clinical efficacy of this method may be partly due to rich material being right at hand for interpretation immediately when it occurs in relation to peers, adults and materials. Also, very intense transference reactions occur in this method and can be worked with very usefully. Other factors seem to recommend this method. There appears to be considerable social, intellectual and educational gain as well as symptomatic improvement. Perhaps these gains are due to a synergism between education and treatment. More will be said of these aspects in a later article on pseudo-retarded children who have responded well to the Project's help.

Once the need for documentation of the method as a research project is over, there will be a great economy of personnel in utilizing Cornerstone. In a relatively few hours of therapeutic time and teacher time, many children can be treated intensively.

One therapist and two teachers could carry on the intensive treatment of a total of twelve to sixteen children (six to eight children in each half day nursery school session). This number of children is greater than the total number of preschool children being given intensive psychotherapeutic or psychoanalytic treatment in a wealthy, psychiatrically well-endowed area such as Westchester County. A study by the Child Psychiatry Committee of the Psychiatric Society of Westchester showed about a half dozen preschool children out of a population of 60,000 preschoolers were receiving multi-session intensive psythotherapy or analysis. (3)

It is also our impression that as a preventive measure, intensive treatment is desirable for many preschool children who are bereaved or otherwise subjected to highly pathogenic influence. But preventive treatment where a stressed child is not currently showing severe symptoms is very rare, despite the weight of statistics showing greater incidence of adult illness after childhood stress such as bereavement. We dare hope that if it is indeed possible to effect a "multiplier" of therapeutic time utility, we will be that much closer to the dream of practical preventive measures.